

Applicant:	Thomas D. HORN
Title:	IMMUNOTHERAPY OF EPITHELIAL TUMORS USING INTRALESIONAL INJECTION OF ANTIGENS THAT INDUCE A DELAYED TYPE HYPERSENSITIVITY REACTION
Prior Appl. No.:	09/344,357
Prior Appl. Filing Date:	06/25/1999
Examiner:	unassigned
Art Unit:	unassigned

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (25 pages).
- ☒ Declaration and Power of Attorney (2 pages).
- ☐ Assignment of the invention to University of Arkansas.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.

- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with 20 reference(s) listed.
- ☐ Preliminary Amendment.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	32	- 20	= 12	x \$18.00	= \$216.00
Independents:	2	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$956.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$478.00
				TOTAL FILING FEE:	= \$478.00

- ☒ A check in the amount of \$478.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 25, 2002

By Richard C. Peet

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